

# American Red Cross SWIM LESSON REGISTRATION

2014 Brittlebank Pool Swimming Lessons Registration Form

Registration Begins on May 2<sup>nd</sup>, 2016. Forms can be returned to Brittlebank Pool from 9:00a.m. until 5:00p.m. Monday - Friday (after May 1<sup>st</sup>) or mailed to P.O. Box 324 Mt. Vernon, IN 47620. For more information call Brittlebank Pool at 838-4586 (or 838-0066). All Swim lessons will be taught by a Red Cross Certified Water Safety Instructor (WSI) and all participants who pass their course will receive a Red Cross Swimming Card. Swim lessons are held on a Monday/Wednesday or a Tuesday/Thursday schedule for 30 minutes per day for four weeks. Rain days will be made up on Fridays.

**Fee: \$30.00**

**Session 1**  
**Session 2**

**June 6-30**  
**July 11 - Aug 4**

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Gender: M F Height \_\_\_\_\_ Weight \_\_\_\_\_

Was your child enrolled in a swimming class at Brittlebank last season? \_\_\_\_\_  
If yes, what level? \_\_\_\_\_

Please mark with an X what class and days you wish to enroll your child. Class Limit 20.

|       |         |                       |                             |
|-------|---------|-----------------------|-----------------------------|
| _____ | Level 1 | 11:00a.m. - 11:30a.m. |                             |
| _____ | Level 2 | 10:30a.m. - 11:00a.m. | Monday/Wednesday _____      |
| _____ | Level 3 | 10:30a.m. - 11:00a.m. | Tuesday/Thursday _____      |
| _____ | Level 4 | 10:00a.m. - 10:30a.m. |                             |
| _____ | Level 5 | 10:00a.m. - 10:30a.m. |                             |
| _____ | Level 6 | 10:00a.m. - 10:30a.m. | Thursdays (Swim Team Level) |

## PARENTS PERMISSION:

I hereby grant permission for my son or daughter \_\_\_\_\_ to participate in Swim Lessons. I will be responsible for all obligations for my Child in case of injury or accident sustained during participation in this program. I will release the Mt. Vernon Park and Recreation Board and all other paid and voluntary personnel from any and all obligations during the course of the program.

Father Signature \_\_\_\_\_ Phone H \_\_\_\_\_ Phone W \_\_\_\_\_

Address \_\_\_\_\_

Mother Signature \_\_\_\_\_ Phone H \_\_\_\_\_ Phone W \_\_\_\_\_

Address \_\_\_\_\_

Receipt # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_